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Any Medicaid or healthcare reform must recognize the value of community based care which must be included as part of a comprehensive, cost effective system of care. Historically community based mental health and substance abuse treatment have demonstrated their value in numerous ways. For example, a study released last year by Columbia University's National Center on Addiction and Substance Abuse (CASA) found that " Of every Federal and State dollar spent, 96 cents goes to shovel up the wreckage of illness, crime, and social ills but only 2 cents goes to prevention and treatment". This despite the growing body of knowledge and evidence that treatment for mental illness and substance abuse is effective and can reduce the more costly consequences referenced in the study. Community Counseling Centers of Chicago (C4) has been providing community based care since 1972 and last year served over 8,000 individuals. We are committed to providing innovative and compassionate services that reflect the best practices in mental health, substance abuse treatment, help for those healing from sexual violence, and support for struggling families. Our services are an integral part of the safety net of care to some of our most vulnerable residents. For example, our Linkage Project has filled the gap between institutional care and community based care for low income adults with mental illness. Recognizing the crucial link between discharge and engagement into community care to prevent deterioration and repeated inpatient admissions, the staff has worked with nine psychiatric hospitals and Cook County Jail to engage 158 individuals over the past 15 month period. Of those served, 94% were at or below the poverty level. Many had acute housing problems with 42% being homeless at the time of referral. A large majority, 88%, were disabled due to their mental illness. Meeting with the consumers in the hospital or jail, forming discharge plans with the clients and staff and then taking clients to their post-discharge appointments has meant that most receive the care they need to prevent a relapse and possible readmission or incarceration. Importantly, over 75% of the project clients who have been discharged from the hospital or released from jail have kept their initial community appointment. Community based linkage and case management is a crucial service traditionally performed by the Community Mental Health system which insures that consumers are provided with the resources and support needed to access all levels of care and services which, besides improving overall quality of life, prevent more costly interventions. Helping a consumer navigate the health care system of outpatient services is preferable to a visit to the hospital emergency room or involvement with the criminal justice system exacerbated by a deteriorating mental condition. Another essential service provided by the community based system of care is Supported Employment. This is an individualized approach to vocational rehabilitation for individuals with psychiatric disabilities that emphasizes helping people obtain competitive work in the community and provides the supports necessary for them to be successful in the workplace. Research indicates that when consumers succeed in finding competitive work they experience symptom reduction and may require fewer emergency room visits and fewer psychiatric hospitalizations as well as less involvement with the criminal justice system. And, successfully placed individuals become productive, tax paying members of their communities. Since 2005, C4 has provided supported employment services. Within the last year, C4 has provided these services to 70 consumers and has consistently achieved a placement rate of 40%. Additionally, the program has achieved a high degree of success in consumer job tenure (over 90 days of employment), number of job starts, and overall diversity of jobs obtained. In addition to positive vocational placement outcomes, a large number of consumers have also benefited from assistance and support in

enrolling in certificate - bearing educational programs. “Mental, emotional and behavioral (MEB) disorders – which include depression, conduct disorder and substance abuse - affect large numbers of young people” (The National Academies, Report Brief for Policymakers, March 2009). One in five young people have one or more MEB at any given time, which will be diagnosed between ages of 14 and 24. Furthermore, the median age of onset for anxiety disorders is 11 y.o. and most people with psychosis experience their first episode between ages 15 and 30. In 2007, suicide was the third leading cause of death among youths and young adults aged 15--24 years in the United States. If signs of these disorders were identified early, many could be treated and prevented. C4 has worked to help parents learn about childhood development and healthy behaviors to promote wellness for families and children. Through C4's Parent Education Program (PEP), parents and caregivers learn positive and healthier discipline techniques as well as develop a support system. Since its inception in 1996, C4's PEP has served more than 3,500 parents and caregivers. Through a universal parenting educational approach, PEP enhances positive parenting behaviors and family relationships and addresses risk factors. C4's PEP is a multi-component program that includes group-based parent education and skill training sessions, home visits, comprehensive referral services, a children's art group, and an on-going parent support program. C4's PEP has been evaluated and identified as an evidence based model. Parenting education and skills programs are a way to promote the emotional and physical development of children and strive to prevent child abuse and neglect. More resources should be provided to disseminate positive parenting programs such as PEP throughout the state of Illinois so that all parents have access to critical parenting strategies and supportive services. Additionally, youth with MEB who are transitioning to adulthood find little support in the mental health system that addresses their unique needs. Supporting youth and their families and implementing transition services for older adolescents and young adults were one of the services that C4 implemented for two years (until the State cut its funding), using the evidence supported model from the Transition to Independence Process (TIP) model. This model addresses issues such as supporting youth with MEB disorders and focusing on helping them to make a successful transition to adulthood in the areas of employment, education, living situation, and community living skills. Implementing models that are successful with this population is essential in a comprehensive system of care. Any healthcare reform must include access and coverage for community based prevention, mental health and substance abuse services. Providing services and care to consumers in their community enhances quality of life and means fewer presentations to emergency rooms, fewer inpatient admissions, and less involvement in the child welfare and/or the criminal justice systems. Maintaining these services is essential to the overall well being of our communities and ultimately results in an overall cost savings.